Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

(Column 1) (Column 2)								SMALL ENTITY TYPE ()			OTHER THAN OR SMALL ENTITY									
TOTAL CLAIMS			Ocidini I)		(Column 2)		ľ			OR 1 I										
			24		The Samuel State of		-	RATE	FEE		RATE	FEE								
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00								
TOTAL CHARGEABLE CLAIMS			⇒ y minus 20=		* <i>4</i>			X\$ 9=	36	OR	X\$18=									
INDEPENDENT CLAIMS					<i>J</i> '			X40=	40	OR	X80=									
MU	LTIPLE DEPEN	IDENT CLAIM P						+135=		OR	+270=									
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	431	OR	TOTAL									
CLAIMS AS AMENDED - PART II											OTHER	THAN								
		(Column 1)	(Column 2)			(Column 3)	ı <u>-</u>	SMALL	ENTITY	OR	SMALL	ENTITY								
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X40=		OR	X80=									
	THOTFRESE	NIAHON OF MA		LINDLIN	OLANI			+135=		OR	+270=									
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
		•	JUDII. FEE		• .															
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST IBER OUSLY FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***		=		X40=		OR	X80=									
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l					· · · · · · · · · · · · · · · · · · ·								
								+135=		OR	+270=									
		ŧ		·			4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
		(Column 1)		(Colu	mn 2)	(Column 3)	-													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***	 	=		X40=		OR	X80=									
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		 	+135=		Ì										
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=									
***	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI aid For" IN THI	S SPACE	is less tha is less tha	n 20, enter "20." In 3, enter "3."	•	**If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												